

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

CH

PLAINTIFF Terrell Jones	COURT CASE NUMBER 08C0461
DEFENDANT Dr. Carlos Altez, et al.	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Carlos Altez, Cook County Jail, Medical Services Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr., Div.5, Chicago, IL 60608	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Terrell Jones, #2007-0057770
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	2
Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

MAR 04 2008 EA
Mar 04 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-04-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 102	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TD	Date 02-04-08
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jean Kiriazes Director CGI/RM

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

2-22-08

Time

10:00

am

pm

Signature of U.S. Marshal or Deputy

Service Fee 48.00	Total Mileage Charges (including endeavors) 5.82	Forwarding Fee 0	Total Charges 53.82	Advance Deposits 0	Amount owed to U.S. Marshal or 53.82	Amount of Refund 0
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REMARKS:

1-RUSM

1-Hour

12-miles

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)